

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3	2					
4	2					
5	2					
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TOTAL IND.

TOTAL

DEF.

TOTAL

CLAMS.

TOTAL IND.

TOTAL

DEF.

TOTAL

CLAMS.